

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																											
1 Date of Request: _____		2 Serial/Patent # <u>08/696987</u>																																									
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50%; padding: 5px;">Filing</td><td style="width: 15%; padding: 5px;">4 PAPER NUMBER <u>1</u></td><td style="width: 15%; padding: 5px;">5 DATE FILED <u>11-4-96</u></td><td style="width: 20%; padding: 5px;">6 AMOUNT \$ <u>130</u></td></tr> <tr><td style="padding: 5px;">Amendment</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">\$</td></tr> <tr><td style="padding: 5px;">Extension of Time</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">\$</td></tr> <tr><td style="padding: 5px;">Notice of Appeal/Appeal</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">\$</td></tr> <tr><td style="padding: 5px;">Petition</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">\$</td></tr> <tr><td style="padding: 5px;">Issue</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">\$</td></tr> <tr><td style="padding: 5px;">Cert of Correction/Terminal Disc.</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">\$</td></tr> <tr><td style="padding: 5px;">Maintenance</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">\$</td></tr> <tr><td style="padding: 5px;">Assignment</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">\$</td></tr> <tr><td style="padding: 5px;">Other</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">\$</td></tr> </table>	Filing	4 PAPER NUMBER <u>1</u>	5 DATE FILED <u>11-4-96</u>	6 AMOUNT \$ <u>130</u>	Amendment			\$	Extension of Time			\$	Notice of Appeal/Appeal			\$	Petition			\$	Issue			\$	Cert of Correction/Terminal Disc.			\$	Maintenance			\$	Assignment			\$	Other			\$	7 TOTAL AMOUNT OF REFUND \$ <u>130</u> 8 TO BE REFUNDED BY: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____ </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: <u>04--1 @ 44</u> </div> </div>		
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11 REFUND REQUESTED BY: <u>P. K. Kellwell</u> TYPED/PRINTED NAME: _____ TITLE: <u>Patent Specialist</u> SIGNATURE: <u>P. K. Kellwell</u> PHONE: <u>305-3656</u> OFFICE: <u>PCT</u> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>Stephen H. Hahn</u> DATE: <u>1-14-97</u>																																											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: